

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> No on Prop 6: Stop the Attack on Bridge & Road Safety, sponsored by business, labor, local governments and transportation advocates			<b>Date of This Filing</b> <u>07/26/2018</u>	Date Stamp       Page 1 of 6	<div style="background-color: black; color: white; padding: 5px; display: inline-block;"> <b>CALIFORNIA FORM 497</b> </div> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (916)285-5733	<b>I.D. NUMBER</b> (if applicable) 1400937	<b>Report No.</b> <u>942175-TG</u>			
<b>STREET ADDRESS</b>  					
<b>CITY</b> Sacramento	<b>STATE</b> CA	<b>ZIP CODE</b> 95814	<b>Amendment to Report No.</b> <u>002</u> (explain below)		
			<b>No. of Pages</b> <u>6</u>		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/18/2018	California Democratic Party Sacramento, CA 95811  ID# 741666 Memo Reference: NON:S497:207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$73.29
05/18/2018	California Democratic Party Sacramento, CA 95811  ID# 741666 Memo Reference: NON:S497:208	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$34.67
05/18/2018	California Democratic Party Sacramento, CA 95811  ID# 741666 Memo Reference: NON:S497:209	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2.40

### \*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

Update Amount of Contribution

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<b>STREET ADDRESS</b>  					
<b>CITY</b> Sacramento	<b>STATE</b> CA	<b>ZIP CODE</b> 95814	<b>Amendment to Report No.</b> <u>002</u> <small>(explain below)</small>		
			<b>No. of Pages</b> <u>6</u>		

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05/18/2018	California Democratic Party Sacramento, CA 95811  ID# 741666 Memo Reference: NON:S497:210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$28.84
05/21/2018	California Democratic Party Sacramento, CA 95811  ID# 741666 Memo Reference: NON:S497:211	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$18,553.19
05/21/2018	California Democratic Party Sacramento, CA 95811  ID# 741666 Memo Reference: NON:S497:212	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,405.38

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<b>STREET ADDRESS</b>			<input checked="" type="checkbox"/> <b>Amendment to Report No.</b> 002 (explain below)		
<b>CITY</b> Sacramento	<b>STATE</b> CA	<b>ZIP CODE</b> 95814	<b>No. of Pages</b> 6		

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05/21/2018	California Democratic Party Sacramento, CA 95811  ID# 741666 Memo Reference: NON:S497:213	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,098.03
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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<b>STREET ADDRESS</b>			<input checked="" type="checkbox"/> <b>Amendment to Report No.</b> <u>002</u> (explain below)		
<b>CITY</b> Sacramento	<b>STATE</b> CA	<b>ZIP CODE</b> 95814	<b>No. of Pages</b> <u>6</u>		

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Update Amount of Contribution

Memo Reference: NON:S497:213  
In-Kind Contribution

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Memo Reference: NON:S497:212  
In-Kind Contribution

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Memo Reference: NON:S497:211  
In-Kind Contribution

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Memo Reference: NON:S497:210  
In-Kind Contribution, Aggregated to \$1,000 on 5/21/18

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Memo Reference: NON:S497:209

In-Kind Contribution, Aggregated to \$1,000 on 5/21/18

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Memo Reference: NON:S497:208

In-Kind Contribution, Aggregated to \$1,000 on 5/21/18

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Memo Reference: NON:S497:207

In-Kind Contribution, Aggregated to \$1,000 on 5/21/18

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